Hawai'i Health Performance In Action

An Executive Summary and Update of the Hawai'i Health Performance Plan

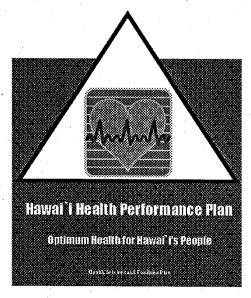
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Hawai`i Health Performance Plan (H2P2)

In 1996, the State Health Planning and Development Agency (SHPDA) began its evolution to a customerfocused agency. SHPDA recognized that a complete overhaul of the Agency, it's Plan and plan development process was needed. SHPDA created a new approach to planning to lead health care, Hawai'i's second largest industry, into the 21st century.

One result of SHPDA's evolution is the Hawai'i Health Performance Plan or H2P2. H2P2 is a comprehensive document with guiding principles and performance outcome measures to guide and monitor the health status of our community.



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

H2P2 is a beginning, not an end. It signals SHPDA's transition from a traditional fee-for-service focus on structure and "bean counting the bricks n' mortar" to an organized community-focused concentration on accountability and outcomes.

At the core of H2P2 is partnership... among health care providers, plans, communities and consumers.

H2P2...THE PURPOSE

First, to encourage communities to work together with the health care industry to identify community-specific needs and bring these services to the community.

Second, to encourage collaboration and cooperation between public and private health care providers.

And third, to provide planning and policy guidance when exercising regulatory authority and promoting changes in the health care system.

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"The best health care website in Hawai i"

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RECOMMENDED STATEWIDE PRIORITIES FOR HEALTH CARE IN HAWAI'I

- Increase access to cost-effective health care services.
- The community is the primary focus. Government supports locally developed initiatives, decision-making and resource allocation done at the local level.
- Establish clinical benchmarks for minimal standards for the delivery of care for the prevention, detection, management and follow-up of each of the disease-specific health condition areas.
- Promote enhanced health care networks to assure access to comprehensive medical care and coordinated health care statewide.
- Foster access to culturally sensitive health care and education.
- Promote increased insurance coverage for mental health, alcohol and other substance abuse screening, referral and treatment.
- Encourage insurance companies to cover prevention and health education medical expenses.
- Increase immunization rates for children and increase screening and treatment of the 0 3 population for developmental delays and chronic health conditions.
- Foster the development of care delivery systems for the elderly and chronically ill. Elements of this system should include services such as prevention, screening and education, home support, respite, assisted living and long-term care.
- Encourage each individual to be responsible for their health and to control health care costs.

H2P2...THE HISTORY

Previous plans were focused on structure and "bean counting." Through a total restructuring of SHPDA's plan and plan development process, H2P2 focuses on results using outcome performance measures.

SHPDA is required by statute to develop the State of Hawai'i's health services and facilities plan. The plan is required to:

"address the health care needs of the State, including inpatient care, health care facilities and special needs. The plan shall depict the most economical and efficient system of care commensurate with adequate quality of care, and shall include standards for utilization of health care facilities and major medical equipment. The plan shall provide for the reduction or elimination of underutilized, redundant, or inappropriate health care facilities and health care services." (HRS 323-D-15)

H2P2...THE EVOLUTION

Figure 12P2 is the result of extraordinary collaborative volunteer efforts by providers and consumers of health care services across the State. Over 300 individuals volunteered their time and expertise to this effort. ALL major health systems, health plans, associations, individual providers and community members participated in the development of H2P2.

All major hospital systems and health plans were integral participants in the development of H2P2. Each was assigned a chapter and took full responsibility for it. They facilitated the discussion, conducted necessary research, wrote the text and developed performance measures for their assigned chapter. In addition, they met with each of the community-based Subarea Health Planning Councils (SACs) across the State to gather data on local needs.

H2P2's development emphasized:

- Public/private partnerships
- Neighbor island participation
- Community input
- ❖ Multi-provider teams
- Collaboration vs. competition

At the same time, SHPDA's community-based SACs gathered data, identifying the strengths, weaknesses and opportunities of their community and provided this information to the chapter facilitators for integration into H2P2. They continued to provide feedback on the chapters throughout the development of H2P2.

OUR PARTNERS...

PLAN DEVELOPMENT COMMITTEE

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Straub Clinic and Hospital

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Hawai'i Medical Association

Queen's Health System DOH - Health Status

Monitoring

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Hawai`i State Health Planning and Development Agency

HAWAI`I HEALTH PERFORMANCE PLAN
Summary of Chapters: Health Conditions & Findings

HEALTH CONDITION	CONCERN	
INFECTIOUS DISEASES are	†	RECOMMENDATION
human illnesses caused by	provou access to ousie	Increase the number of community-
microorganisms or their poisonous	immunizations for childhood	based facilities to provide outreach.
	diseases.	Provide culturally sensitive outreach
byproducts. It covers a wide range	More prevention and education for	& education services.
of communicable diseases that are	sexually transmitted diseases.	 Establish clinical the prevention,
tracked at national & state levels	• Further study on differences in	detection, management & follow up
because of possible widespread	incidence rates for specific	of diseases.
outbreaks, risk to specific	diseases.	■ Encourage & support clinicians to
populations, & serious long-term		accurately & promptly meet
health complications.		reporting requirements.
		 Provide community-based education
		on the prevention & containment of
		infectious diseases.
<u>CANCER</u> is a group of diseases	High death rates in certain ethnic	 Access to culturally sensitive can
characterized by uncontrolled	groups.	prevention & screening programs &
growth & spread of abnormal cells.	 Lack of access to culturally 	cancer care.
Cancer was the second leading	sensitive cancer care.	 Establish multi disciplinary teams
cause of death in the United States	 Smoking rates higher than national 	among physicians, specialists,
& accounts for the death of nearly	average (approximately 25% of	institutional providers & other health
25% of Hawai'i's residents.	Hawaii's youth smoke.	professionals.
	 Access to cancer treatment & care 	 Provide access to cost effective
	for neighbor island residents.	diagnostic work-up, medical &
		surgical intervention in treatment &
		support programs that promote
		continuity of comprehensive services
		& follow up, especially for neighbor
		island residents.
		 Education on prevention of cancer.
DIABETES & OTHER CHRONIC	 Prevalence of diabetes in Hawai'i is 	 Develop coordinated health care
DISABLING CONDITIONS.	48% higher than the national rate.	teams to screen, enroll, treat &
Chronic disabling conditions	 Hawaiians & Part-Hawaiians have 	monitor chronic diseases.
surround us. In 1995, an estimated	the highest prevalence rates for	 Continue to provide services such as
99 million people in the United	diabetes & asthma.	Adult Day Care & Respite that
States had chronic conditions such		maximize independent living & give
as diabetes, asthma, AIDS &		support to family/caregivers.
dementia. In 1990, \$470 billion		Provide comprehensive coverage of
was spent on the direct costs of		the necessary supplies, services &
medical services, including nursing		education for chronic conditions.
homes & other institutional care.		
HEART DISEASE AND STROKE.	 CHD is the leading cause of death 	Adequate culturally sensitive
Cardiovascular disease (CVD)	in the United States & Hawaii.	community outreach programs for
refers to conditions of the heart &	■ In 1995, nearly \$300,000,000 in	screening, health education &
blood vessels. The majority of	total hospital charges were	counseling.
cardiovascular disease deaths are	attributed to primary diagnosis of	Emergency services are available
from coronary heart disease (CHD)	CVD.	statewide and include state of the art
including heart attack & stroke.	 Hawaii's stroke rate was higher 	equipment.
	than the national goal & has not	Establish a telemedicine system for
	significantly improved since the	statewide consultation.
	early 1980's.	The state of the s

HEALTH CONDITION

PREVENTABLE INJURIES AND VIOLENCE. Injuries are both understandable and preventable. Injury prevention is an essential component of our health care system. Intentional injures are caused by violent and abusive behaviors. Unintentional injuries include traffic incidents, falls, etc.

DENTAL HEALTH covers a wide range of conditions that affect individuals of all ages & ethnic backgrounds. These conditions or diseases include developmental diseases, neoplastic diseases, immunologic diseases, infectious diseases, acquired diseases & trauma.

MATERNAL, INFANT & CHILD HEALTH. In 1990, there were 340,146 children ages birth to 19 years in Hawai'i. Access to quality maternal & child health services has serious implications on the outcomes of a health pregnancy & childhood.

BEHAVIORAL HEALTH: MENTAL HEALTH, ALCOHOL, OTHER DRUGS & TOBACCO.

Behavioral health illnesses are probably the most misunderstood and stigmatized disorders in healthcare. Its victims are universally underserved & misdiagnosed & are denied, missed or dismissed from adequate treatment.

CONCERN

- In Hawaii, injuries kill more than 500 people, hospitalize more than 7,000 and hurt more than 160,000 each year.
- The lifetime costs of injuries in Hawaii is nearly \$12 billion dollars, based on injuries occurring in 1990.
- Unintentional injury is one of five leading causes of death in Hawaii.
- 72.7% of Hawaii's six to eight year old children have one or more caries, compared to the national average of 35 % for the same population.
- Access to dental care for elderly & indigent patients are a concern. In 1996, Hawai'i-QUEST suspended all coverage of dental care for adults, other than emergency care.
- Access for the insured population has problem areas as well.
- Access to care for Hawaii's lowincome women & their ability to pay for the care they need.
- Decline in infant immunization rate from 67% in 1987 to 58% in 1995.

- Individuals with both a mental illness & addiction problem are being identified in greater numbers.
- The use of ICE (methamphetamine) in Hawaii challenges treatment providers to develop methodologies specific to the characteristics of this population of substance abusers.
- Limited community-based services for individuals with severe mental illness and dual diagnosis, adolescent CD care.

RECOMMENDATION

- Health care providers should infuse prevention counseling into their routine visits.
- Increase the State's ability to monitor rates of injury and violence.
- Increase access to injury prevention program in the school and workplace.
- Emphasis on prevention including education, diet modification, early detection & treatment & fluoridation.
- Increase access to dental care for elderly, disabled & indigent patients.

- Ensure access to prenatal care for all women, basic immunizations for children, & teen education programs regarding sexual activity, contraception, pregnancy & high-risk behaviors.
- Support a health care delivery system that fosters knowledgeable & skilled personnel & advised technical equipment & facilities.
- Provide community-based education & an emphasis on prevention.
- More fully developed communitybased, outpatient services that foster continuity of care.
- Be accessible, by design, to populations identified as at-risk.
- Integrate services with existing health & human services.
- Services should be planned to provide quality of care outcomes.